## PART B - FEE(S) TRANSMITTAL

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indicated unless correcte maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (	a) specifying a new corre	spondence address; a	and/or (b) indicating a sepa	arate "FEE ADDRESS" for
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21839		/2010		Certificate of Mailing or Transmission		
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	,					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	2	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,379 TITLE OF INVENTION	09/04/2001 : METHOD AND SYST	EM FOR MANAGING	Wolfgang Moderegger INVITATIONS TO BID		007413-049	1270
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	NO	\$1510	\$300	\$0 <b>T</b>	\$1810	12/10/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	J		
ADE, OGER GARCIA  1. Change of correspondence address or indication of "Fee A		3687	705-026000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BUCHANAN INGERSOLL  & ROONEY PC			
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp		THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY Munchen, G	oatent. If an assignee assignment. Y and STATE OR CC		locument has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 💆 Corporation or other private group entity 🗖 Government						
4a. The following fee(s) a  Issue Fee  Dublication Fee (N  Advance Order - #	To small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).			
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu	•	☐ b. Applicant is no lon	ger claiming SMALI	ENTITY status. See 37 C	FR 1.27(g)(2).
**	d Publication Fee (if requ	uired) will not be accepte	d from anyone other than	-		he assignee or other party in
Authorized Signature	Med	IN SCA	H-	Date December 6, 2010		
Typed or printed name Charles F. Wieland III				Registration No. 33,096		
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection is es of depending upon the indivite Chief Information Office COMPLETED FORMS TO	timated to take 12 mi vidual case. Any com er, U.S. Patent and T O THIS ADDRESS.	nutes to complete, including the ments on the amount of the firm of the firm of the mark Office. U.S. Den	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, anumber.